

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

| | | | |
|---------------------------|---------------------------------|---------------------------|---------------------|
| Name: | Prefix: MR | First Name: RONALD | Middle Name: |
| | Last Name: SUGAR | | Suffix: |
| Title: | SENIOR DEPUTY DIRECTOR | | |
| Complete Address: | | | |
| Street1: | 542 4TH AVENUE | | |
| Street2: | | | |
| City: | PITTSBURGH | State: | PA: Pennsylvania |
| Zip / Postal Code: | 15218 | Country: | USA: UNITED STATES |
| Phone Number: | 412-578-8005 | Fax Number: | 412-578-8325 |
| E-mail Address: | RONALD.SUGAR@ALLEGHENYCOUNTY.US | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|------------------------------|-----------------------------|---------------------|
| Name: | Prefix: Mrs. | First Name: KIMBERLY | Middle Name: |
| | Last Name: JOYCE | | Suffix: |
| Title: | FINANCE MANAGER | | |
| Complete Address: | | | |
| Street1: | 542 4TH AVENUE | | |
| Street2: | | | |
| City: | PITTSBURGH | State: | PA: Pennsylvania |
| Zip / Postal Code: | 15219 | Country: | USA: UNITED STATES |
| Phone Number: | 412-578-8013 | Fax Number: | 412-578-8325 |
| E-mail Address: | KIM.JOYCE@ALLEGHENYCOUNTY.US | | |

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

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|---------------------------|------------------------------|-----------------------------|---------------------|
| Name: | Prefix: MRS | First Name: KIMBERLY | Middle Name: |
| | Last Name: JOYCE | | Suffix: |
| Title: | FINANCE MANAGER | | |
| Complete Address: | | | |
| Street1: | 542 4TH AVENUE | | |
| Street2: | | | |
| City: | PITTSBURGH | State: | PA: Pennsylvania |
| Zip / Postal Code: | 15219 | Country: | USA: UNITED STATES |
| Phone Number: | 4125788013 | Fax Number: | 4125788325 |
| E-mail Address: | KIM.JOYCE@ALLEGHENYCOUNTY.US | | |

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: